

## PATENT APPLICATION

## DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09831929

## CLAIMS AS FILED - PART I

BEST AVAILABLE COPY

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		5 minus 20 =	<input type="text"/>
INDEPENDENT CLAIMS		1 minus 3 =	<input type="text"/>
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 5	Minus	** 20	= <input type="text"/>
Independent	* 2	Minus	*** 3	= <input type="text"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	1 FEE
BASIC FEE	1000
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL	1000

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL ADDITIONAL FEE	<input type="text"/>

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 6	Minus	** 20	= <input type="text"/>	<input type="text"/>
Independent	* 3	Minus	*** 3	= <input type="text"/>	<input type="text"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		<input type="text"/>
				X\$ 9=	<input type="text"/>
				X40=	<input type="text"/>
				+135=	<input type="text"/>
				TOTAL ADDITIONAL FEE	<input type="text"/>

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* <input type="text"/>	Minus	** <input type="text"/>	= <input type="text"/>	<input type="text"/>
Independent	* <input type="text"/>	Minus	*** <input type="text"/>	= <input type="text"/>	<input type="text"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		<input type="text"/>
				X\$ 9=	<input type="text"/>
				X40=	<input type="text"/>
				+135=	<input type="text"/>
				TOTAL ADDITIONAL FEE	<input type="text"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.